

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesGUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN  
LIFE PAC

ADDRESS (number and street)

7 HANOVER SQUARE

☐Check if different  
than previously  
reported. (ACC)

C/O EDWARD KANE

NEW YORK

NY

10004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00173393

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Hurley

Signature of Treasurer

Electronically Filed by John Hurley

Date

02

10

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 10

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		6922.49
(b) Cash on Hand at Beginning of Reporting Period .....	6922.49	
(c) Total Receipts (from Line 19) .....	4342.72	4342.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	11265.21	11265.21
7. Total Disbursements (from Line 31) .....	8480.43	8480.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2784.78	2784.78
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 10

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	3	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2800.00	2800.00
(ii) Unitemized .....	1542.72	1542.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4342.72	4342.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4342.72	4342.72
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4342.72	4342.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4342.72	4342.72

## DETAILED SUMMARY PAGE

of Disbursements

4 / 10

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7876.56	7876.56	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	603.87	603.87	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8480.43	8480.43	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8480.43	8480.43	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 10

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4342.72	4342.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4342.72	4342.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Booth Murphy

Mailing Address 4 Becker Farm Road

City

Roseland

State

NJ

Zip Code

07068

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance Co.

Occupation

Field Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4597

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4478

Amount of Each Receipt this Period

100.00

Employee Payroll Contribution

**C.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance Co.

Occupation

Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4481

Amount of Each Receipt this Period

100.00

Employee Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: SA11AI.4472

Amount of Each Receipt this Period

100.00

Employee Payroll Contribu-  
tion

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

2800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 10

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A.

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW  
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

Candidate Name  
AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2009 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4502

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH CROWLEY

Mailing Address 48-24 65 STREET

City WOODSIDE State NY Zip Code 11377

Purpose of Disbursement  
Contribution

Candidate Name  
JOSEPH CROWLEY

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2009 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: SB23.4505

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOHN E ENSIGN

Mailing Address PO BOX 26568

City LAS VEGAS State NV Zip Code 89126

Purpose of Disbursement  
In Kind Contribution Senator Ensign Luncheon

Candidate Name  
Lackmann Culinary Services

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2009 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4596

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

2376.56

SUBTOTAL of Disbursements This Page (optional) ▶

7876.56

TOTAL This Period (last page this line number only) ▶

7876.56



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank	<b>Transaction ID:</b> SB29.4507 <b>Date of Disbursement</b>
Mailing Address 221 Park Avenue South	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank service Charges Candidate Name	<div> <div>33.83</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank	<b>Transaction ID:</b> SB29.4508 <b>Date of Disbursement</b>
Mailing Address 221 Park Avenue South	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>34.46</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Chase Manhattan Bank	<b>Transaction ID:</b> SB29.4509 <b>Date of Disbursement</b>
Mailing Address 221 Park Avenue South	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>35.58</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**103.87**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Full Name (Last, First, Middle Initial)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Mailing Address 7 HANOVER SQUARE  
C/O EDWARD KANE

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement  
Account Balance Adjustment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4594

Date of Disbursement

01 / 01 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

603.87